



## ATTESTATION OF COMMUNITY HEALTH WORKERS

### Community Health Worker Attestation

As the billing provider, I hereby attest that:

1. Staff Qualifications and Certification: All Community Health Workers (CHWs) employed by or contracted with this organization meet the qualifications and certification requirements mandated by applicable state and federal guidelines.
2. Annual Training Requirements: All CHWs receive the required annual training to maintain their qualifications and remain compliant with regulations pertaining to the services provided.
3. Orientation on Claims Submission: All CHWs undergo orientation and education on claims submission criteria and service requirements related to the billing codes utilized, ensuring compliance with applicable standards.

**Office Name (Print):** \_\_\_\_\_  
**Community Health Worker Name(s):** \_\_\_\_\_  
**Office Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_  
**Group NPI:** \_\_\_\_\_ **Tax Identification Number:** \_\_\_\_\_  
**Completed by (Provider Name):** \_\_\_\_\_  
**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### Important:

Community Health Workers (CHW) must demonstrate qualifications through the Certificate Pathway and provide proof of completion of at least one of the following certificates:

CHW CERTIFICATE

VIOLENCE PREVENTION

WORK EXPERIENCE PATHWAY.

#### Note:

CHW services require a written recommendation by a dentist or other licensed provider within their scope of practice under state law. CHW services can be provided via Teledentistry. Providers are encouraged to develop a written plan of care.

**Return Signed Attestation via Fax or Email**

Email: [Provider@libertydentalplan.com](mailto:Provider@libertydentalplan.com)

**CLEAR FORM**